

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 890577	RECEIPT DATE:	08 / 02 / 01
IA NUMBER:	PCT/ FR00 / 03083	IA FILING DATE:	11 / 06 / 00
FAMILY NAME:	DELAY	DELAY WAIVED (Y/N):	N
GIVEN NAME:	JEAN-PASCAL	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	12 / 10 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	65609	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 2026637901
			FAX
NAME:	JOHN H MION		
	MACPEACK & SEAS		
STREET:	2100 PENNSYLVANIA AVENUE N.W.		
CITY:	WASHINGTON		
STATE/COUNTRY:	DC	ZIP:	200373213
EMAIL:			
APPLICATION TITLES:			
	DEVICE FOR MANUAL CONTROL OF A SURGICAL GUIDE		

TAB TO LAST POSITION,PUSH SEND



## UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE  
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Bib Data Sheet

CONFIRMATION NO. 4707

<b>SERIAL NUMBER</b> 09/890,577	<b>FILING DATE</b> 08/02/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> Q65609	
<b>APPLICANTS</b> Jean-Pascal Delay, Ecully, FRANCE;  <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/FR00/03083 11/06/2000 JK <b>** FOREIGN APPLICATIONS *****</b> FRANCE 99 15 629 12/10/1999 JK					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Sughrue Mion Zinn Macpeack & Seas 2100 Pennsylvania Avenue NW Washington ,DC 20037-3213					
<b>TITLE</b> Manual control device for a surgical guide					
<b>FILING FEE RECEIVED</b> 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		